## FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVE

_				· /			
1.	(a) Name of Candidate (in full)				2013	JUN 17	AM 7:07
	Mark R Meadows			•			
	(b) Address (number and street) P.O. Box 802	☐ Check if a	ddress change	d	2. Candidate's FEC		OPHIER
	(c) City, State, and ZIP Code				3. Is This	New	Amended
	Skyland .		NC 287	76	Statement X	(N) OR	(A)
4.	Party Affiliation	5. Office Sought		6. State & Distr	rict of Candidate		
	Rep	House		NC	11		
	DE	SIGNATION OF	PRINCIPA	L CAMPAIGN	COMMITTEE		
7.	I hereby designate the following na	med political committee	as my Principa	l Campaign Comn	nittee for the 2014 (year of e	election)	on(s).
	NOTE: This designation should be	filed with the appropriate	office listed in	the instructions.			
	(a) Name of Committee (in full)						
	Meadows for Congr	ess					
	(b) Address (number and street) P.O. Box 802				<del> </del>		
	(c) City, State, and ZIP Code	W.F. W.F. W.F. W.F. W.F. W.F. W.F. W.F.					
	., .						
	Skyland			NC NC	28776		
			:			•	\$ 100
	DE	SIGNATION OF (					•
(Including Joint Fundraising Representatives)							
	I hereby authorize the following nan candidacy.	ned committee, which is	NOT my princi	pal campaign com	mittee, to receive and	expend funds	on behalf of my
	NOTE: This designation should be t	iled with the principal ca	mpaign commi	ttee.	en e		
	(a) Name of Committee (in full)						· · · · · · · · · · · · · · · · · · ·
	NC 4 The Future (J	oint Fundraising	Represe	entative)			
	(b) Address (number and street) 228 S. Washington Street, Ste	115		<del></del>	The services of the	•	
	- · · ·						
	(c) City, State, and ZIP Code						
	Alexandria			VA	22314		
	I certify that I have exa	mined this Statement an	nd to the best o	f my knowledge ai	nd belief it is true, corre	ct and comple	ite.
Sig	nature of Candidate		<u> </u>		Date		•
\	ANG M	de-		• •	6/13/20	014	
NO	TE: Submission of false, erroneous,	or incomplete information	on may subject	the person signin	g this Statement to pen	alties of 2 U.S	.C. §437g.
		. s.c	•.			1	·
					17.W 7.70		
-		<del></del>					

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